

# My birth plan



## 1. Personal information

Name: \_\_\_\_\_

Healthcare provider : \_\_\_\_\_

Due date: \_\_\_\_\_

Pediatrician : \_\_\_\_\_

Emergency contact : \_\_\_\_\_

Where I would like to give birth : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2. Support team

Who I would like to be present during the birth (partner, parent, doula, other children, photographer, etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 3. Labor preferences

Birth environment (lighting, music, aromatherapy):

\_\_\_\_\_

Birth positions I'd like to try (upright, squatting, kneeling, birthing ball, undecided):

\_\_\_\_\_

Monitoring during labor (discuss available options with your healthcare provider):

\_\_\_\_\_

Movement preferences (lying in bed, moving around room, walking around the halls, undecided):

\_\_\_\_\_



Intravenous access (IV line vs heparin or saline lock):

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Labor and birthing equipment I'd like to try (birthing pool, warm shower, peanut ball, birthing ball, birthing stool, mats, bean bags):

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I am open / not open to having midwives, nurses, and doctors-in-training during my labor (underline preference)

## 4. Pain management

Possible options (confirm with your healthcare provider):

- Natural pain relief methods
- Gas and air (nitrous oxide)
- TENS machine
- Systemic analgesia (opioids)
- Local anesthesia (pudendal block)
- Epidural or spinal block

My preferred pain relief is:

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I may be open to:

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I would prefer to avoid if possible:

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## 5. Medical interventions

My thoughts on...

Induction: \_\_\_\_\_

Episiotomy vs natural tearing: \_\_\_\_\_

Forceps or vacuum-assisted: \_\_\_\_\_

## 6. Delivery preferences

Would you like to see the birth with a mirror? YES / NO / UNDECIDED  
(underline preference)

Skin-to-skin contact preference:

\_\_\_\_\_

Cord clamping preference (discuss delayed cord clamping options with your healthcare provider):

\_\_\_\_\_

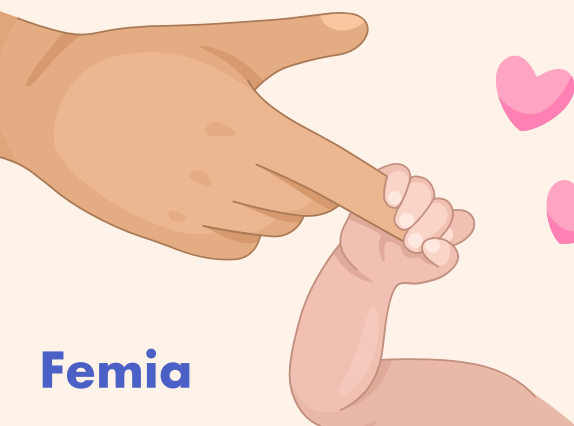
Cord blood banking arrangements (if relevant):

\_\_\_\_\_

My birthing partner would like to / would NOT like to cut the umbilical cord  
(underline preference)

Special requests regarding the placenta (for example, keeping it or banking it)

\_\_\_\_\_



## 6. Delivery preferences

### If a c-section is needed...

- Names of who you would like to support you during c-section:
  - Atmosphere (low lights, quiet):
  - Clear drape or drape dropped to watch birth?
  - Skin-to-skin contact right away if possible?
  - My birthing partner to have skin-to-skin contact right away if I can't:
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## 7. Newborn care

### I would like to feed my baby using...

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### My thoughts on bathing baby after birth (who, where, when):

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### My thoughts on routine newborn procedures (for example, delayed/immediate, who is present, use of sugar water):

- Vitamin K:
  - Eye drops:
  - Hep B:
  - Newborn screening tests:
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### Rooming:

- I would like my baby to stay with me all of the time
- I would like my baby to use the nursery some of the time

## 8. Additional information

Special religious or cultural considerations:

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Language considerations (for example, if you're not speaking your first language, you may require extra support):

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Anything else important:

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